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COUNCILMEMBER GILDA FELLER
Civic Center Building
2180 Milvia Street
Berkeley, Calif. 94704

ARGUMENTS FOR RESTRAINING

THE GROWTH OF ALTA BATES

March 15, 1981



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Board of Zoning Adjustments
City of Berkeley
2180 Milvia
Berkeley, California

March 15, 1981

Dear Board Members:

The enclosed report summarizes testimony from residents of community neighborhoods (only some of whom were heard at the Board's January 19 hearing) opposing Alta Bates' continued use of the 1928 building and their Long-Range Development Plan. Testimony was directed to the request:

1. That the Board uphold condition #2 of the Hospital's use permit #6775 (vars. 537 and 538) requiring demolition of the seismically dangerous 1928 building as the Hospital promised 10 years ago, and
2. That the Board disapprove the Hospital's \$43 million Long-Range Development Plan for its severe environmental impact on south Berkeley and north Oakland neighborhoods and for its adverse impact on the quality, availability, and cost of health care in Alameda and Contra Costa Counties (Health Services Area 5).

We ask this for the following reasons, which will be discussed more fully in the report that follows.

1. The Board's intent in the 1971 decision was clear--to remove the 1928 building and leave the space it occupied open, thus physically limiting development of the site.
2. The Hospital's approval and understanding of the condition are well known.
3. The Hospital's claim of special circumstances requiring a variance is not supported.
 - a. The Hospital is well able to afford to demolish the building and relocate programs. The Hospital is proposing a \$43 million construction program and is aggressively seeking new programs, equipment, and service expansions from the Health Systems Agency costing \$6.6 million.
 - b. Space deficit is nonexistent. Space is available in the new Hospital wing to amply accommodate 1928 building offices and 1954 building beds if the Hospital were not hoarding the space for new and expanded high tech programs in maternity, newborn, and surgery, which are not approved by the State. Alternative sites owned or leased by the Hospital offer additional space for relocating in-hospital administrative and financial offices.

- c. Alta Bates expansion will not meet community health needs. Competitive expansion of intensive hospital specialties in an area already overbedded in such specialties erodes the quality of care at underutilized hospitals, reduces availability (especially to poor people) when outlying facilities are shut down, and drives up the cost of health care generally.
- 4. Alta Bates has stipulated that it can enjoy full property rights by its 10-year-old agreement with the City and acceptance of the conditions attached to the use permit in 1971.
- 5. Prolonging the use of the seismically dangerous 1928 building does "adversely affect the health and safety of persons living and working in the neighborhood." It is a collapsible hazard to workers and building users. The community risks losing the services it contains in the event of an earthquake--just when a hospital is most needed.
- 6. Approval of the Hospital's Long-Range Development Plan will bring three to seven years of heavy construction noise, pollution and disruption; expanded program operations; and a significant increase in the current half million car trips generated to the Hospital. These will be severely "detrimental to the health, safety, morals, comfort, and general welfare of people living and working in the neighborhood... and injurious to the property and improvements in the neighborhood [and] to the general welfare of the City." [Items 3 to 6 from Zoning Ord. 3018 n.s. 1979]
- 7. Retaining the 1928 building (which represents an expansion of coverage and program) and/or approving the Long-Range Development Plan contradicts the City's Master Plan policy 1.17 "discouraging further expansion of medical uses east of Telegraph Avenue."
- 8. Retention of the 1928 building and approval of the Long-Range Development Plan flouts the will of the citizens and actions of the City to downzone the area surrounding the hospital to residential use in 1979.
- 9. The Hospital's proposal to achieve a desirable lot coverage ratio by annexing contiguous property--or even property across the street-- and tearing down houses to create a setback for the Hospital's one big lot renders the zoning ordinance meaningless.
- 10. Neighborhood representatives met with the Hospital for five years to achieve a mutually acceptable solution. During this time the Hospital never deviated from a rigid commitment to expansion, which merely found expression in the Long-Range Development Plan.
- 11. The Hospital has had 10 years to live up to its promise to relocate 1928 building services into the new wing and demolish the 1928 building. During this time, the Hospital made no effort to comply nor did it seek permission from the Board of Adjustments to waive the requirement.

Alta Bates Hospital has placed itself above the law. By casting citizens and their elected officials in the role of "evicting sick people" for expecting compliance, the Hospital has lost its credibility and undermined the integrity of the public process. Accordingly, the Board of Adjustments should uphold condition #2 requiring demolition of the 1928 building and order demolition forthwith and disapprove of the Hospital's Long-Range Development Plan.

Sincerely,

Julie Gordon Shearer

Julie Gordon Shearer, President
Bateman Neighborhood Association

Ellen Drogin

Ellen Drogin, President
Fairview Park Neighborhood Assn.

Marietta A. Harvey

Marietta A. Harvey, Co-chairperson
Willard Neighborhood Association

Robert C. Holtzapple Jr.

Robert C. Holtzapple, Jr., President
Claremont-Elmwood Neighborhood Association

ARGUMENTS FOR RESTRAINING

THE GROWTH OF ALTA BATES

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ABBREVIATIONS USED IN THIS REPORT

AB	Alta Bates
ABH	Alta Bates Hospital
ASF	Assignable (usable) Square Feet
CON	Certificate of Need
CON 80-233	Alta Bates Hospital application for obstetrics, perinatal, and surgery expansion
LRDP	Long Range Development Plan (of Alta Bates)
NOI	Notice of Intent
OB	Obstetrics

BACKGROUND

In 1971, Alta Bates Hospital won City approval for a variance allowing the hospital to build a six-story \$17 million north wing on Ashby Avenue and a three-story parking garage. The north wing more than doubled the square footage of the hospital and, together with the garage, filled 71% of the total site. Replacing the hospital's earthquake-unsafe 1928 building following the San Fernando quake of '71 was Alta Bates' justification for knocking down houses and filling in streets to build the north wing on Ashby Avenue.

City approval for the \$17 million expansion was conditioned on removal of the 1928 building and the ABH Foundation building by March 8, 1981, and leaving the ground they occupied "substantially open [Condition 2, use permit 6775 vars. 536,537]."

Since 1971, residents of surrounding neighborhoods have suffered through almost four years of demolition, heavy construction, street excavation and redesign, and then an ever increasing flood of traffic, parking congestion, pollution, and noise as the hospital filled up the 1975 north wing with programs and services. And continued to use the old 1928 building as well. Since the 1971 agreement, the hospital has moved eight specialty offices into the 1928 building (as late as '75, '78, and '79) along with some storage and displays. The hospital is still remodeling in the 1928 building as of February 17, 1981, in spite of a Board of Zoning Adjustments order on January 19 prohibiting new activities in the building pending a demolition hearing in March.

CITY OF BERKELEY



BOARD OF ADJUSTMENTS
2180 MILVIA STREET

BERKELEY, CALIFORNIA

(415) 644-6570

94704

March 12, 1981

David D. O'Neill, Executive Vice-President
Alta Bates Hospital
3001 Colby Street
Berkeley, CA 94705

Dear Mr. O'Neill:

The Board of Adjustments received and discussed on March 9 your letter of March 6 concerning the decontamination room currently being constructed in the north end of the 1928 wing. The Board found that this project is in violation of the condition attached to their approval of the postponement of the required demolition of the 1928 wing until June 8, 1981. This condition states in part:

"(2) That Alta Bates will proceed with a contingency plan to relocate activities out of the 1928 building; that no new activities will be located into the building; ..." (emphasis added).

The Hospital is expected to immediately comply with the condition and stop any and all construction and admonished to institute no new programs within this building scheduled to be demolished in the near future.

Very truly yours

Robert B. Humphrey
ROBERT B. HUMPHREY
Secretary

cc: Mr. Robert G. Eaneman, President, Board of Trustees
Ms. Julie Shearer, President, Bateman Neighborhood Association

B A T E M A N Neighborhood Association

2431 Woolsey Street
Berkeley 94705

Board of Zoning Adjustments
City of Berkeley
Berkeley, California

February 23, 1981

Dear Board Members:

This is to notify you that Alta Bates Hospital is performing new construction activities in the 1928 building, in violation of the Board's January 19 order, prohibiting "new activities in the building." The construction, according to resident reports, began the first week in February. The new construction was reported to Robert Humphrey on February 11, with a request for investigation of the site to determine the extent and nature of the work, its cost, when it began, and whether or not a building permit was secured, and, if not, why not?

From my personal observations on February 13, 17, and 21, it appeared that three rooms, and two corridors on first floor north are involved. The three rooms are gutted, with a wall knocked out between rooms 2 and 3 and with a large window-pass-through cut from room 2 into the corridor. Plumbing facilities--toilets and showers--are being removed, installed, and/or rearranged. As of February 13, there was no permit on file with the City for this work. However, there was one filed for concurrent construction underway in the 1954 building for the angiograph room expansion--about 50 steps around the corner from the 1928 north construction. The hospital has secured permits before for construction as modest as "repositioning plaster board partitions in the same office." (1972)

On February 17, Robert Montgomery professed "not to know for sure" the location and extent of the 1928 building construction, its cost, or when the work was started. He guessed it to be "decontamination room expansion" and thought it "probably started around January 1." Asked why there was no building permit for the work, he said that it was "done with our own hospital maintenance people."

The BNA Steering Committee wants to know why no building permit was secured for this construction when permits were done for much smaller projects? If the job was "too small" for a permit, why has it been going on since January first? Why is the hospital using "hospital maintenance workers" for plumbing and construction? Why is the hospital spending money on new construction after promising again to come up with a demolition plan for the 1928 building and abide by the Board's decision? Is the administration recklessly mismanaging hospital funds? Or is this another cynical step in the hospital's 9-year campaign to up the financial and social ante of demolishing the 1928 building and place the hospital's ambitions above the law?

Whatever the reason for the construction in the 1928 building, it should not go unchecked. We urge that you require the hospital to comply fully with the order of January 19.

Sincerely,

Julie Shearer
Julie Shearer
President

The Joint Hospital Neighborhood Negotiating Committee

From 1975 to December 1980, the hospital administrators and trustees and the neighborhood association representatives from Bateman, Willard, Claremont-Elmwood, and Fairview Park met on the Joint Hospital Neighborhood Planning Committee and attempted to work out mutually acceptable ways to mitigate the hospital's past growth on the neighborhood, create open space and prevent further impacts.

Over the years, the hospital has rejected three formal proposals from BNA involving open space trade offs for some use of the rehabilitated 1928 building (March '75; August '75, which won the \$75,000 Measure Y park appropriation; Land Use Study Options in '76). The hospital has regarded all its property as a "land bank" for future growth. Hospital counter proposals have urged demolishing or removing housing to create open space in a neighborhood that already has lost 34 homes to hospital and medical building construction.

In 1977, architect-planners Sanford Hirshen and Murray Silverstein were hired jointly by the hospital and the neighborhoods to study the impact of hospital growth and design ways of resolving impact problems to the mutual benefit of the institution and surrounding residents. Their report, Toward A Community Plan, documented the need to mitigate the current impact of the hospital on the neighborhood. The report recommended the 44 impacts outlined by the report be corrected immediately and that a ceiling be placed on physical and program expansion until this was accomplished by the hospital. They proposed an effective buffer zone of parks, street closures, and parking controls be created to mitigate the dwarfing effect of the hospital's scale of development on the smaller scale of the neighborhood.

Neighborhood representatives decided to stop meeting with the hospital in December 1980 for the following reasons: The talks had not produced agreement, and it seemed that the hospital's purpose was to avoid a concrete solution. The hospital's credibility was seriously in doubt. The talks themselves were being construed by the hospital as an excuse for their unwillingness to make a plan for complying with the nine-year-old legal obligation to demolish the earthquake-prone 1928 building--in spite of the neighborhoods' frequent requests for a demolition plan from February 1979 on.

What the Hospital Wants

Alta Bates proposes to replace the 1928 building again, with \$43 million of new construction, including two three- to six-story buildings, a parking deck, and a four-story parking garage, with construction phased over the next ten to fifteen years. To facilitate their plan, the hospital administration wants to occupy the earthquake-unsafe 1928 building for another three to five years beyond the agreed-upon demolition deadline of March 8, 1981.

What the Neighborhoods Want

The neighborhoods surrounding Alta Bates want the City's Board of Zoning Adjustments to uphold the order for demolition with no extensions or variances and to disapprove the hospital's Long-Range Development Plan for the \$43 million construction. The neighborhoods want the hospital to complete all the recommended actions of the Hirshen-Silverstein report of 1978 to mitigate the destructive impact of the Hospital's past growth.

ARGUMENTS

The Board of Zoning Adjustments has a duty to uphold condition #2 of AB Hospital's use permit #6775 (vars. 537, 536) requiring demolition of the 1928 building by March 8, 1981* and to deny any variances and permits in support of the hospital's Long-Range Development Plan. The hospital's request for waiver of condition #2 and approval of the LRDP violates a solemn promise made to this Board nine years ago and utterly fails to meet the Board's criteria for approving a variance or issuing a new use permit.

The Board's intent is clearly reflected in the specific language of condition #2 and was well understood and agreed to by the hospital. The board's intent was to create open space on the Colby-Regent site by demolishing and removing the 1928 building and leaving the ground it covered "substantially open." Both the intent (to create open space) and the means of achieving it (building removal) are specified. Nowhere is mentioned purchase of additional land to create open space.

- (2) That the older wing of the existing hospital shall be removed within five (5) years of completion of the proposed addition; that the space occupied by the older wing shall be retained substantially open.

Condition 2, Notice of Decision, April 14, 1971

At no time during the nine years since the Board's decision did the hospital seek to appeal or overturn the decision nor did it seek clarification of the language. The hospital's December 8, 1980, request for extension of the demolition deadline reflects the AB administration's clear understanding of condition #2 and an equally clear intention to avoid complying with it.

*Extended to June 8, 1981

NOTICE OF DECISION

USE PERMIT NO. 6775

VARIANCES NOS. 537, 538

(Granting) (Renewing) the (variance) (use permit) application of _____

ALTA BATES HOSPITAL

to permit construction of additions to the existing hospital and construction of a separate 4-level parking structure on property located at Regent Street ~~at~~ south of Ashby Avenue in the R-3 (Multiple Family Residential) District

under the following special conditions:

- (1) That there shall be a site plan review of the project as set forth in the proposed Regulation for MC Medical Center District (copy of the text attached); that this review shall include the limiting of external effects from any operation of the hospital under the attached standards.
- (2) That the older wing of the existing hospital shall be removed within five (5) years of completion of the proposed addition; that the space occupied by the older wing shall be retained substantially open.
- (3) That appropriate landscaping, as approved in the site plan review, shall be required in front of the parking structure.
- (4) That the operation of the parking structure shall be subject to review at a later date to determine the feasibility of allocating or reserving spaces to maximize use of the structure to the primary end of reducing offstreet parking congestion and traffic in the neighborhood.

Date of Decision April 14, 1971

Date Notice Mailed April 15, 1971

Vote Millet, Reay, Walker

Noes: Ross, Wilson

Absent: None

Period For Appeal Expires On April 22, 1971

NOTE: SECTION 19.13 OF ORDINANCE 3018 PROVIDES AS FOLLOWS:

"(a) AN APPEAL MAY BE TAKEN TO THE CITY COUNCIL BY ANY PERSON ... (etc) ... AGGRIEVED OR AFFECTED BY THE DETERMINATION OF THE BOARD OF ADJUSTMENTS, SUCH APPEAL SHALL BE TAKEN BY FILING A WRITTEN NOTICE OF APPEAL WITH THE CITY CLERK OF THE CITY OF BERKELEY WITHIN SEVEN (7) DAYS AFTER THE MAILING OF THE NOTICE OF THE DECISION OF THE BOARD OF ADJUSTMENTS."

Attest:

Zoning Officer
ROBERT B. HUMPHREY

NOTICE: This is not a permit. Please contact the Inspection Services Department, 841-0200, Ext. 531, prior to commencing any work or operation.

Clerk

Further light is shed on the intent of the 1971 action approving the \$17 million wing in the language of letter of April 9, 1971, from Robert Humphrey to the Board of Zoning Adjustments members regarding clear limits on future development of the Colby-Regent site.

Granting the requested variances will result in a development better buffered from the neighborhood than if additional property were acquired and affords a permanent kind of assurance that future developments will not be encouraged in a southerly and easterly direction,

and the condition 2 as he proposes it:

That the older wing of the hospital be removed within five years; that this space shall be utilized as useable open space and shall not be used for further additions.

ZONING CRITERIA

Alta Bates fails to meet all three conditions, all of which are necessary for the Board to grant a variance (to extend demolition, retain or replace the '28 building) or to grant a use permit to allow the hospital's Long-Range Development Plan.

Condition 1. Exceptional or extraordinary circumstances or conditions apply to the land, structure, or use that do not apply generally to land, structures, or uses in the same zone.

Financial Circumstances

AB has argued that it has neither the money nor the space to relocate services in the 1928 building if it must come down (AB News Jan-Feb, 1980). Yet the hospital is asking this Board to approve \$43 million worth of construction (in 1980 dollars) starting in 1983 for the Long-Range Development

Plan. The cost of new or expanded programs applied for in obstetrics, adding surgery beds, and a parking deck is \$6.6 million (CON 80-233).

Space Needs

The hospital has adequate space on the site of the existing medical complex to house the offices in the 1928 building and the 44 inpatient beds located in the 1954 building if the hospital chooses to use it. The total assignable square footage of the 1928 building is 29,000. Of that footage, only 15,200 is occupied by services the hospital claims must remain on site, according to figures supplied by the hospital's architect, Derek Parker (Table 1). Add to that 5400 square foot to "replace" 27 of the 44 inpatient beds now in the 1954 building which the hospital says must be relocated near windows if the windows on floors 1 to 4 are concreted in for earthquake proofing.* The total estimated square footage of services from the '28 and '54 buildings that need housing is 20,600.

Parker's figures show that areas within the hospital could be vacated to yield 25,000 square feet--more than enough to accommodate these programs (Table 1). Parker's earlier and more generous estimate of potentially available space was 32,000 (Figure 1-page 14 from AB Site Plan Alternatives July 1980). This would supply one and one-half times the space needed to house 1928 building and 1954 building services.y

*The actual ASF occupied is 5400 for all 44 beds (Parker figures) but the Hospital says it must replace existing three- and four-bed wards with one- and two-bed rooms and thus 5400 is allowed for only 27 beds. The Hospital has not provided more accurate figures.

Table 1

SERVICES NOW IN 1928 BUILDING THAT MUST REMAIN ON MAIN SITE

<u>Floor</u>	<u>Service</u>	<u>Assignable Square Feet Occupied</u>
1	Laundry Sorting Area	600
1	Radiology	1800
2	Sleeping Room for Emergency Room	200
2	Laboratory	1500
2	Endocrinology & Pituitary	1600
2	Surgery Day Care	300
3	Anesthesiology Sleeping Rooms	600
3	Laboratory	600
4	Employee Health	1000
4	Oncology	1100
4	Rheumatology	400
4	High Risk Obstetrics	1200
4	Sickle Cell	400
5	Cardiology	900
5	Burn Office	200
6	Cardiology	<u>2800</u>
		sub total 15,200

SERVICES NOW IN 1954 BUILDING REQUIRING RELOCATION
 FOLLOWING EARTHQUAKE-PROOFING* BUILDING

<u>Floor</u>	<u>Service</u>	<u>Assignable Square Feet</u>
2,3,4	44 inpatient beds	<u>5400</u>
		Total 20,600

AREAS THAT COULD BE VACATED TO ACCOMMODATE ABOVE FUNCTIONS

1954 Building (Floor 5 and 6)		3600
Laundry Building		4400
1975 Building 1st Floor	Finance Office	3800
4th Floor	Home Health	2400
5th Floor	Hemo-Dialysis	2600
6th Floor	Shell Space	<u>8200</u>
		Total 25,000

*Filling up windows in floors 1 to 4.

Source: Presentation by Derek Parker, architect for Alta Bates, November 24, 1980

Figure 1

SITE PLAN PHASE I ALTERNATE 1

		TOTAL SPACE NEED	82,100 ASF *
<input checked="" type="checkbox"/> TEMPORARILY MOVE OFF-SITE		32,900 ASF	
HOME HEALTH & SOCIAL SERVICE	1,400	HALL OF HEALTH	2,200
CHRONIC DIALYSIS	2,600	PRINT SHOP	800
GENERAL ACCOUNTING	1,200	BULK STORAGE	8,200
CONTROLLER	300	PURCHASING	500
ADMINISTRATIVE OFFICES	500	GENERAL STORES (40%)	3,200
MGMT. ENGINEERING	300	ALCOHOL REHAB.	5,000
PATIENT ACCOUNTING	2,300	LAUNDRY	4,400
PROGRAMMED NEED OF ABOVE SERVICES WHICH CAN ALSO MOVE OFF-SITE		<u>6,700 ASF</u>	
AMOUNT OF SPACE NEED HANDLED BY MOVING OFF-SITE		39,600 ASF	
<input checked="" type="checkbox"/> CONSTRUCT A NEW SOUTH WEST BUILDING OF BASEMENT AND THREE FLOORS		<u>28,100 ASF</u>	
ON-SITE AND OFF-SITE SPACE AVAILABLE UNDER ALTERNATE 1		67,700 ASF	
REMAINING SPACE NEED			14,400 ASF

ALTERNATE 1 REQUIRES 39,600 ASF TO REMAIN OFF-SITE

- CONSTRUCT ONE ADDITIONAL FLOOR TO THE EXISTING GARAGE, CREATING 90 MORE PARKING SPACES
- WORK WITH THE CITY OF BERKELEY TO CLOSE INTERSECTIONS AT WEBSTER AND REGENT, REGENT AND SOUTH HOSPITAL DRIVE, SOUTH HOSPITAL DRIVE AND COLBY STREET IN ORDER TO FURTHER SEPARATE TRAFFIC
- REMOVE MAINTENANCE OFFICE AND CREATE 9,600 SQUARE FEET OF LANDSCAPED OPEN SPACE
- IF HOUSES AT 3011 REGENT STREET AND 2502 AND 2504 WEBSTER STREET CAN BE PURCHASED AND RELOCATED, CREATE 19,160 SQUARE FEET OF LANDSCAPED OPEN SPACE BY COMBINING IT WITH HEALTH TESTING CENTER SITE AND SITE AT 3015 REGENT STREET

UPON COMPLETION OF PHASE I, ALTERNATE 1, THE HOSPITAL'S LOT COVERAGE WILL BE 64%

* ASSIGNABLE SQUARE FEET

Other hospitals can fill the need. On February 11, 1981, Mr. Hershel Shelton, on behalf of Herrick Hospital, filed a Notice of Intent (NOI) to apply for a change of 30 skilled nursing beds to the category of general acute care. This was specifically addressed to Alta Bates' Certificate of Need 80-233 and noted that the use of Herrick's facilities, which already exist, constituted a less costly alternative to Alta Bates' proposed expansion. (Letter follows on page 12)



Herrick Hospital and Health Center

Of the East Bay
2001 Dwight Way
Berkeley, CA 94704
415/845-0130

February 11, 1981

Mr. Joseph O. Egan, Chief
Division of Certificate of Need
Office of Statewide Health Planning
& Development
714 "P" Street
Sacramento, California 95814

Dear Mr. Egan:

Enclosed please find the original and two copies of our Notice of Intent for a Certificate of Need application. A copy of this notice is also being provided to the Alameda-Contra Costa HSA.

Although the costs associated with this project are well below the Certificate of Need threshold, the project's significance to the local health care delivery system is considerable. It is our belief that this project represents a more efficient use of existing hospital capacity, and thus presents a less costly alternative to the project currently proposed in the Certificate of Need application #80-233.

We look forward to working with your office during the review process.

Sincerely,

Hershel W. Shelton
Administrator

HWS:lo
Enclosures

cc: Alameda-Contra Costa HSA

Alternative sites exist, such as Albany hospital, increased space already leased in nearby medical buildings, such as the Huntmont, the Howe Street Building, Colby Medical Center, and in the six-story Farm Bureau Building where Alta Bates leases two floors. An even more desirable location from the City's point of view would be the Adeline-Ashby area, which is uncrowded and easily accessible by bus or BART.

The Hospital's estimates of space needs are inflated. No space deficit would exist if the hospital weren't hoarding 8,000 square feet of vacant space on the sixth floor of the new wing to allow major expansion of 27 high risk OB beds and 10 beds for newborn intensive care, add major surgical delivery room, and relocate 50 medical surgical beds from the 1954 building and 1968 building for \$5.5 million (Certificate of Need Application #80-233).

The State has not approved this expansion. In fact the application was returned as "incomplete" because the state critique said the hospital had understated the number of maternal beds (58 instead of 68) [page 1], and the number of surgeries existing (4 instead of 6) [page 1] and failed to justify the need for increase in perinatal beds, surgical delivery rooms, alternative birth beds, the increase to 63 normal newborn beds, expansion of perinatal support area, the addition of new parking stalls (on the garage rooftop) [page 2]. The state's critique suggests that "53 beds in Critical Care Units...is vastly larger than the number for which the hospital is licensed [page 4]." The report further questions the "legal entitlement" of the hospital to the 50 medical-surgical beds it proposes to relocate to the sixth floor space. It notes that there is no justification presented for shifting 4-bed rooms to private and semi-private rooms and questions the hospital's allotment of double the

amount of space required for a single bed room [page 4]. (Letter of February 1, 1981, from Dean Madison, Office of Statewide Planning and Development, to Alta Bates Administrator David Unger-Smith.)

Community Health Needs

There is no justification for expanding Alta Bates Hospital on the basis of medical need. We direct your attention to Expansion of Alta Bates Hospital: Is It in the Public Interest?, submitted to the Board by Citizens Concerned With People's Health as a summary and documentation of medical testimony presented on January 19, 1981. This report documents that Health Services Area 5 (Alameda and Contra Costa Counties) is overbedded in the programs in which AB wants to expand. Alta Bates has chosen to compete with other hospitals for high-tech, lucrative programs (high-risk OB, perinatal, hemo-dialysis). This has a negative impact on peer hospitals (Herrick, Children's, and Highland), driving down occupancy, morale, and quality of care, while driving up the cost of medical care generally. AB discourages primary care physicians from using the hospital and spends least on community outreach of hospitals in the area. Alta Bates has chosen to concentrate resources on the most expensive and least effective approach for delivering health care to the community at large, especially the poor.

Lack of Time

The Hospital has had ample time and opportunity to comply with the provisions of the use permit and has chosen not to do so. The hospital has had five years since completion of the \$17 million Ashby (north) wing to transfer the doctors' offices, equipment, and administrative offices from the 1928

Report hits Alta Bates natal care

By Abby Cohn
Tribune Staff Writer

BERKELEY — Three health specialists who oppose expansion plans by Alta Bates Hospital have issued a stinging report charging that the hospital's high-risk maternity program has failed to adequately serve poor women in East Oakland and West Contra Costa County.

The report goes on to charge that Alta Bates would deal competing area hospitals a financial blow by expanding its maternity, emergency and other services.

The report will be given to the Berkeley Board of Adjustments, which is holding a hearing March 30 related to the expansion plans.

According to the report, the hospital's high-risk maternity program, for women with serious complications in their pregnancies, routinely serves pregnant women at only three of the area's 16 neighborhood clinics.

Also, the report contends, 10 percent of the program's patients are "primarily normal" women from wealthy areas such as Lafayette and Piedmont.

The charge comes in the wake of studies showing that East Oakland's infant mortality rate in recent years has been one of the highest in the country, due at least partly to the inadequate prenatal care received by pregnant women in that area.

The charges were sharply denied by Alta Bates officials and a state physician familiar with the hospital's high-risk program.

Dr. Howard Gordon, director of Alta Bates' high-risk program, said the hospital performed all the deliveries for two Oakland clinics serving mainly poor persons. He said he also handled many referrals from Highland Hospital, Contra Costa County Hospital and other area clinics.

Dr. Warren Hawes, chief of the maternal and infant health section of the state Health Department, denounced the report by saying that "people use data to do whatever they want it to do."

"To say that this is a white hospital serving only the rich is ludicrous," Hawes said.

Alta Bates has asked state health planners for permission to expand its maternity service and hopes to be named a regional center for high-risk maternity care.

Report co-author Madeleine Shearer, publish-

Oakland Tribune Eastbay

Thursday, March 12, 1981

Alta Bates

Continued from Page C-1

er of a family health journal, charged that Alta Bates' interest in becoming such a center is simply "for whatever status and financial benefits that gives them."

Shearer and the report's other two authors, Dr. Alan Steinbach of the Rockridge Health Care Plan and Judith Goldschmidt, a nurse-midwife at San Francisco General Hospital, all live in South Berkeley, where the hospital is located.

But Shearer denied that the report was prompted by the ongoing neighborhood feud between residents and Alta Bates over traffic, noise and other hospital-related problems.

An administrator at Herrick Hospital acknowledged that Alta Bates' expansion has hurt his hospital financially.

Associate Administrator Gary Passama said Alta Bates' 24-hour emergency service had cut visits to Herrick by about 2,000 a year.



March 11, 1981 - Independent Gazette

Report criticizes Alta Bates obstetric services

By KARIN KLEIN

BERKELEY — A highly critical report on Alta Bates Hospital charges that the hospital is performing unnecessary cesarean sections and that despite ambitions to become a regional center for high-risk obstetrical care, has failed to seek out and treat the most high-risk obstetrical patients.

Alta Bates officials today denied all the allegations in the report, saying that the hospital's primary cesarian section rate has not increased, and that there is an ongoing training programs with other hospitals to find and treat high-risk patients. The hospital's position was reaffirmed by state officials.

A copy of the report compiled by a former childbirth educator who attended births at Alta Bates was obtained today by the Independent & Gazette before its scheduled release.

Although the report was not initiated or conducted by the neighborhood associations surrounding the hospital, it is an obvious jab at Alta Bates' plans to replace one of its buildings with two new ones and expand some of its services, including high-risk obstetrical care.

Its authors are Madeleine Shearer, a resident of the Claremont-Elmwood neighborhood, Judith Goldschmidt, a nurse-midwife, and Dr. Alan Steinbach, a resident of the Bateman neighborhood. The associations for both these neighborhoods near Alta Bates have been fighting expansion plans at the hospital.

Although it is endorsed by a range

of individuals and organizations, including the Coalition to Fight Infant Mortality, the report was done without the participation or endorsement of any official health planning organizations.

The report was compiled chiefly by Ms. Shearer, publisher of Birth and the Family Journal. Ms. Shearer said she was a childbirth educator for 10 years and attended births in that capacity at Alta Bates.

The report says that although the proportion of high-risk patients at Alta Bates has not gone up in the past three years, the proportion of cesarean sections has risen from 16.7 percent to 23 percent.

"Thus, the high risk program...has provided incentives for unnecessary cesarean sections."

the report says. "Women have been treated as 'high-risk' without any documented diagnostic justification."

Three years ago, Alta Bates was appointed fiscal intermediary for a three-year state grant to provide planning and administrative services towards setting up a regional perinatal (childbirth) center. The grant this year was \$115,000. Grant figures for the two preceding years were unavailable.

In its application for permission to expand obstetrical services at the hospital, Alta Bates says that it intends to apply to the state Department of Health Services to be designated as a perinatal center in conjunction with Children's Hospital Medical Center of Oakland.

The report compiled by Ms.

Shearer argues that Alta Bates has failed to try to reach the low-income, high-risk patients, concentrated in East Oakland and west Contra Costa County, who need such care the most.

"Alta Bates has no coordinated, ongoing training or arrangements with other hospitals to screen women for high risk conditions," the report says.

The report also contends that Alta Bates has turned away high-risk patients because they were unable to pay.

Dr. Howard Gordon, chief of the hospital's high-risk program, denied all of the allegations.

He said the hospital's primary cesarian section rate — that is, women's first cesarean sections — has remained about the same in the

2½ years he has worked there. Gordon said he and a nurse specialist make regular visits to other hospitals in the area to coordinate outreach programs for high-risk patients.

He also said the hospital never has turned away a high-risk patient because of ability to pay.

His comments were supported by Dr. Warren Hawes, chief of the maternal and infant health section of the state Department of Health Services.

Hawes said he was under the impression that Alta Bates does have ongoing training programs with other hospitals in the area.

Hawes also questioned the report's contention that unnecessary

ALTA BATES-

(Continued from Page 1)

cesarean section rates are performed at the hospital.

He said the authors are basing their statistics on high-risk pregnancies from a few categories, such as premature births, but that there may be many high-risk pregnancies that do not fall in the categories they used.

"Their (the authors') argument is based on their assessment of high risk," Hawes said. "I don't buy that. I don't think they're making a logical argument."

building to the north wing which was designed to replace it. Nine years have passed since the 1971 decision. During this time, the hospital had purchased or leased offsite medical space that could have been used to house 1928 building offices and equipment. (The hospital leases space in the Huntmont Building, right across the street from the hospital, Colby Medical Center, Howe Street / Solano Laboratory Building, McNary Funeral Home, and, most recently, two floors in the Farm Bureau Building on Telegraph and Russell. It has also purchased Albany Hospital. Rather than planning for the orderly transfer of 1928 building offices, the hospital has added more offices and personnel to the 1928 building from 1975 to the present, in response to the availability of federal MediCare and MediCal funding. Further, since 1978 the hospital has applied for more than 20 new programs, facilities, or expansion of existing programs.

Earthquake Codes Revision

Alta Bates administrators were fully aware of the 1928 building's failure to meet earthquake codes. It was dramatically illustrated in 1971, when Olive View Hospital collapsed in the San Fernando Valley Earthquake and earthquake safety codes for hospitals were upgraded. Earthquake danger was one reason the hospital requested the replacement of the building with the 1975 wing. And it was for this reason the hospital moved all inpatients out of the 1928 building. The hospital was not ignorant of the updated code requirements in 1975 and 1978. Moreover, since 1978, neighborhood representatives to the

Hospital Neighborhood Joint Planning Committee have requested structural reports on the 1928 building and a relocation plan for the offices housed there. Even after the hospital administrators admitted knowing of the 1928 and 1954 buildings' structural condition in 1979, they made no move to withdraw plans for expanded activities in the 1975 building to comply with its promise to the City.

Neighborhood Negotiations

Tapes of Hospital-Neighborhood Planning Committee meetings and published accounts in the press contradict Hospital claims that negotiations with neighborhoods meant the 1928 building would be retained. Only wishful thinking could have misled hospital administrators into assuming the hospital could depend on continued use of the 1928 building. The hospital rejected the Bateman 1975 Open Space Proposal and announced plans for more expansion on Hospital-owned open land. Throughout five years of controversy both press coverage and subsequent proposals by the neighborhood make clear the residents' opposition to the hospital's proposed trade offs that included more expansion, new construction, and removal of housing.

March 9, 1978 INDEPENDENT GAZETTE p. 1

According to Hospital administrator Robert Montgomery, Alta Bates wants to retain use of the 1928 building for 'continued hospital development.' However, leaders in the Bateman neighborhood, which surrounds the hospital have said they oppose any plans for continued use of the building.

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Kate Simpson, a representative from the Bateman neighborhood to the [joint hospital-neighborhood] planning committee, said she felt she and other neighborhood residents 'felt very strongly the 1928 building has to come down,' adding that she doubts that the neighborhood will accept a park in exchange for the 1928 building.

Compliments
of the
Bateman Neighbor-
hood
Association

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TUESDAY, OCTOBER 28, 1975



Members of the Bateman Neighborhood Association protested the expansion of Alta Bates Hospital Sunday.

Photo by Michael Hill

OD'ed on Alta Bates

Neighbors Protest

By MAURA DOLAN
Staff Writer

When Berkeley's Alta Bates Hospital dedicated a new \$17 million wing Sunday, neighborhood residents outside demonstrated to demand the hospital curtail its expansion.

About 30 members of the Bateman Neighborhood Association, which claims to represent 1,000 South Berkeley residents, carried signs that read, "We had an overdose of Alta Bates, Stop the Medical Arms Race, and Bigger isn't better."

Residents of the neighborhoods surrounding Alta Bates complain that the hospital's expansion in the last five years has led to an increase in crime, traffic and pollution in their area.

Hospital administrators say they recognize residents' complaints, but warn that increased community needs for health services will require even more expansion.

The hospital began construction when the old Alta Bates, built in 1928, no longer met safety code requirements. Within the next five years, the hospital plans to expand its X-ray and laboratory departments on a site where neighborhood organizations are seeking to build a park.

'Fighting For Survival'

The site now is used as an emergency parking lot for doctors and a dumping ground for the hospital's garbage. Hospital trustees claim there is no place now and in the next five years to relocate the garbage compactors and the parking lot.

The City's Planning Commission has promised to pay for the park, but the neighborhood organizations say Alta

Bates' property is the only suitable site.

"There's no question that the neighborhood organizations have legitimate complaints," said Robert Montgomery, executive-vice-president of Alta Bates. "We're willing to work with them to help solve the traffic problem and find an alternative site for the park."

The hospital's expansion has resulted in the demolition of 34 houses to make room for additional medical buildings and offices.

Neighbors say they fear for the safety of their children on congested streets and complain of traffic problems.

"For all intents and purposes, our neighborhood has been turned into one gigantic parking lot for Alta Bates," said George Crapo, treasurer of the Bateman Neighborhood Assoc.

"It's happening all over the nation," he said. Neighborhoods are fighting for survival."

Neighborhood organizations representing areas around San Francisco's UC Medical Center and Oakland's Pill Hill have also protested hospital expansion into their communities.

To resolve the conflict, a joint Hospital-Neighborhood Committee was recently established to discuss parking problems, alternative means of transportation to and from the hospital, and the development of mutually-agreeable plans for a park.

"The hospital desires and will work to establish good relations with its surrounding neighbors," Montgomery said. "But I feel the neighborhoods are tending to glamorize this issue too much."



Berkeley hospital's growth gripes its neighbors

As a Berkeley hospital yesterday dedicated its new \$17 million wing, demonstrators outside protested its expansion into what was once a quiet, tree-lined neighborhood.

Organizations representing areas around Alta Bates Hospital claim expansion during the past five years has led to increased crime, traffic and pollution in their community. The expansion began because the hospital, built in 1928, could no longer meet safety code requirements.

Hospital administrators heard the residents' complaints, but warned that increased demands for health services will require even further expansion.

Already, 34 houses have been demolished to make room for the new medical buildings and offices.

By 1980, the hospital plans to expand its X-ray and laboratory departments on a site where neighborhood organizations are seeking to build a park.

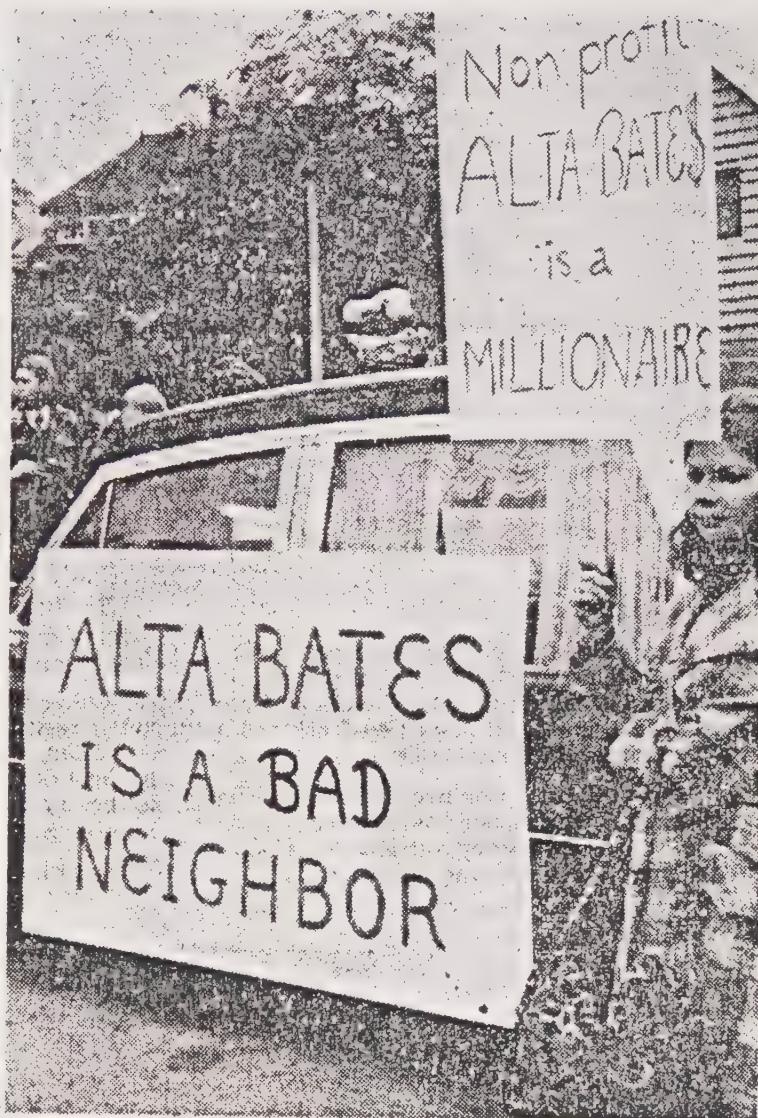
The site now functions as an emergency parking lot for doctors and a dumping ground for the hospital's garbage.

The hospital says to relocate garbage compactors and the parking lot immediately will be too costly.

"There's no question that the neighborhood organizations have legitimate complaints," said Robert Montgomery, executive vice president of Alta Bates. "We're willing to work with them to help solve the traffic problem and find an alternative site for the park."

Neighbors fear for the safety of their children on congested streets and complain of parking problems.

"For all intents and purposes our neighborhood has been turned into one gigantic parking lot for Alta Bates," said George Crapo, treasurer of south Berkeley's Bateman Neighborhood Association.



Neighbors turn out for dedication of Berkeley hospital's new wing.
As you can see, they're not celebrating.

—Photo by Michael Hill

"It's happening all over the nation," he added. "Neighborhoods are fighting for survival."

To resolve the issues, a joint hospital-neighborhood committee meets monthly to discuss parking problems, alternative means of transportation to and from the hospital, and the development of mutually agreeable plans for a park.

The Bateman Neighborhood Association, which claims to represent 1,000 south Berkeley residents, picketed yesterday as people arrived for the dedication.

One of their signs read: "We had an overdose of Alta Bates."

Compliments of the Bateman Neighborhood Association

Alta Bates: growing pain

When 25 residents of the Bateman neighborhood in South Berkeley picketed the grand opening of Alta Bates Hospital's new \$17 million wing Oct. 26, it was the first time most Berkeley residents had heard of the trouble between Alta Bates and its neighbors.

Bateman residents have actually been fighting against the hospital's expansion since 1967. They say Alta Bates is fostering the creation of a medical-industrial complex in what used to be a quiet, tree-lined residential community. According to Julie Pesonen, vice president of the Bateman Neighborhood Association's board of directors, "Alta Bates has torn down homes to build a parking lot that stands largely empty while hospital employees must park on congested neighborhood streets."

Frank White, a 50-year resident of the Bateman neighborhood, points out that the hospital's expansion has resulted in the construction of a large number of medical office buildings where people's homes once stood, and the erection of a privately-owned \$3 million garage and office complex on what was once residential land. "We saw traffic congestion and medical parking begin to blight our neighborhood. Doctors were destroying homes to build medical offices," he says. "The lines seem to have been drawn—the hospital wants to expand further into the neighborhood and the neighborhood is unwilling to give."

Property ownership records in the county assessor's office bear the Bateman

residents out: since Alta Bates began to spread out into the community, dozens of private medical offices have sprung up. Five doctors on the board of trustees for Alta Bates have their own lucrative practices in the surrounding community and 11 doctors who belong to the hospital foundation also have offices near Alta Bates.

As Alta Bates grows larger, office-space becomes more and more attractive. Result: pell-mell growth. Two enterprising members of the medical fraternity—dentist Huntley Johnson and physician Jerome Patmont—have taken advantage of this trend to found Huntmont Properties, a real estate development firm which owns over \$3 million worth of office space and other property near Alta Bates.

Stephen Davenport, president of Alta Bates's board of trustees, shrugs off the Bateman Association's criticism, saying that Alta Bates must expand in order to meet the health needs of the entire community: "We must make decisions that we think, in balance, will be in the best interest of the majority of the people who live in our service area."

The Berkeley Gazette, which bills itself as "greater Berkeley's home newspaper for 99 years," printed almost nothing about the long-standing controversy until Bateman residents picketed Alta Bates Oct. 26, and the Gazette's Oct. 27 story on the demonstration left the impression that the dispute was new and centered on where a community park would be located. But then, Gazette publisher Warren A. Brown Jr. is a member of the Alta Bates Foundation and the hospital's advisor board. Perhaps he hasn't heard about the hospital's problems with its neighbors yet.

—Bill Wallace



Alta Bates Hospital wants old building

By ELEANOR EDWARDS

Alta Bates Hospital, which moved into a new, modern facility two years ago, wants to keep its 1928 building for out-patient medical programs instead of demolishing it, as required by the city.

Hospital officials are looking into the possibility of "exchanging" the building for a park to be developed in the neighborhood, and discussions are underway now among hospital officials, neighborhood leaders, city planners and the planning consultants hired by the hospital.

According to hospital adminis-

trator Robert Montgomery, Alta Bates wants to retain the 1928 building for "continued hospital development." However, leaders in the Bateman neighborhood, which surrounds the hospital, have said they oppose any plan for the continued use of the old building.

Bateman neighborhood leaders and those from several other near-by neighborhoods are already upset at what they view as the "de facto" expansion of the hospital into the Huntmont medical office building. Last month, the hospital announced plans for three programs in the Huntmont building.

When the city approved the building plans for the new hospital, the city stipulated that the 1928 building would have to be demolished by 1981.

According to city planning director Tom Peak, the city's major concern was retaining a required amount of open space on the hospital grounds. Neighborhood residents, many of whom opposed the new hospital building as institutional expansion in a primarily residential neighborhood, had hoped the 1928 site would be turned into a park, although the hospital could use the land for a parking lot and

Turn to Page 4, Col. 4

KEEP

(Continued from Page 1)
still meet the city's "open space" requirement.

The hospital, representatives of four near-by neighborhoods, and planning consultants hired by the hospital are now making a study of the present and future impact of the hospital in the area. Their report is to be completed in April, but at a recent planning meeting Montgomery said the hospital cannot afford to demolish the 1928 building, which contains several medical departments.

Montgomery later told the Gazette the hospital is looking for additional land in the neighborhood, to be donated to the city as a park, in exchange for being allowed to retain the 1928 building.

Kate Simpson, a representative from the Bateman neighborhood to the planning committee, said she and other neighborhood residents "feel very strongly the 1928 building has to come down," adding that she doubts the neighborhood will accept a park in exchange for the 1928 building remaining.

—The INDEPENDENT and GAZETTE, Thurs., March 9, 1978

March 1978 ↑

Hospital expansion irks neighbors, cont.

The neighborhood groups have asked the state to deny the hospital its most recent licensing request — for more hemodialysis units in offices to be opened along Telegraph Avenue — citing these specific examples of what they consider poor planning and bad faith dealings with health planners, other hospitals and the city.

■ The hospital administrators' recent indications they'll ask the city for permission not to tear down a

hospital building that they had previously agreed to demolish in 1981, in exchange for a city use permit to expand a main wing five years ago, and

■ The hospital's dealings with a University of California Medical School professor and nephrologist who was criticized in a recent health planning agency report for making handsome returns, completely legal, on federally subsidized hemodialysis treatments.

Of the possibility one building won't get torn down next year after all, one mother of two children complained, "There's no place for anyone in this neighborhood to play." The resident, who asked not to be named for fear of further damaging relations between the hospital and neighbors, asserts the hospital "never intended to tear down that building and return it to green space as promised."

Hospital administrators' reactions to such global, sweeping and hostile objections to their plans range from dismay to bitter skepticism about the neighborhood groups' motives and mental health.

"Hospital board members, who dedicate their lives to providing public service, don't operate out of deception," says O'Neil. "Our ability to foresee every contingency and to communicate with every player wasn't perfect. These are real, human problems."

Dr. Henry Grousz, who supervises Alta Bates's 15 existing hemodialysis units plus units elsewhere and who will run the expanded service if it's approved, is a neighborhood target. Representatives of The Bateman Neighborhood Association asked state licensing officials to consider a report by the West Bay Health Systems Agency that used Grousz's hemodialysis company as a glaring example of legal "profiteering" at the expense of a poorly regulated federal subsidy system.

The Marin County health planner who wrote the report, Ron Rowell, says, "I can tell you that since one (state) licensing criteria is cost-effectiveness, to find he is making a 370 percent return on his investment on a program that's almost entirely (funded by) public money is more than a little upsetting."

Rowell said however his agency recommended last year that the state approve of Grousz running more hemodialysis units in Marin County because there were no qualified, alternative providers.

Grousz says that although he was not delighted with the publicity he received after the release of the critical report, "the upshot of the articles was that I played by the rules the government set."

He says he has met with "Berkeley's" neighborhood people for at least eight years and sees some fundamental conflicts between what's needed to run a good hospital and what's good for neighborhoods.

"The hospital does not need to constantly expand, but its future plans are dictated by changing medical technology."

"Hospitals can't predict what will happen in five years and, to neighbors, that sounds malicious and malignant. They're convinced the hospital is trying to destroy them."

Grousz said he has doubts as to how many residents the neighborhood groups represent. "I'm not sure anymore there are more than four players. I'd hate to find they had the whole neighborhood behind them, because that would be a disaster."

By most accounts, Alta Bates' current hemodialysis application will be approved by the state. But combatants on both sides are gearing up for another upcoming battle over the city's approaching deadline for demolition of a building the hospital now says it desperately needs, for at least a little while longer. No end is yet in sight either, to the continuing fight over parking problems.

"It's hard to convince people that we sincerely are interested in finding solutions to problems," said trustee board president Robert Manlove. "We really are trying to get a couple hundred cars off the streets."

"I'm not trying to make the hospital an angel, but it's not right to view it as an ogre either. Ten or 15 years ago, no one thought much about the neighborhood, and the neighborhood didn't think too much about itself."

"It's too bad both of us didn't have more foresight."

PROPOSAL FOR ACTION ON HOSPITAL IMPACT AND FATE OF 1928 BUILDING

The hospital's long-range development plan appears to be an expression of desire for expansion on the part of the hospital's administration without the inconvenience of making hard choices about scarce resources. It offers no compelling reasons for concentrating construction and growth at the present site. It poses a prospect of 15 to 20 years of major construction with major disruption of neighborhood life. And it speaks not at all to the concerns of surrounding residents about existing and future impact.

Neighborhood sentiment is overwhelmingly against further hospital expansion and construction when the hospital has not acted on the major recommendations of the 1978 Hirshen-Silverstein report for dealing with the existing impact. If the LRDP is the only option posed, the BNA Steering Committee will work for demolition of the 1928 building by March 8, 1981, as the City requires. We can foresee no agreement on the LRDP.

Therefore, we are proposing to sever consideration of the LRDP and future construction from the issues of immediate concern to the hospital and the neighborhoods. The hospital is concerned about what will happen to the 1928 building and the programs it houses on March 8, 1981. The neighborhoods are concerned with existing impact--the traffic, parking congestion, noise, and intrusion of transient population we live with right now.

The BNA Steering Committee proposes the following:

1. The neighborhood associations would request the Board of Zoning Adjustments to extend for nine months the date of demolition required for the 1928 building from March 8, 1981, to December 31, 1981. During this time, the hospital could secure alternative sites for relocating programs housed in the 1928 building and plan for their orderly withdrawal, and explore the possibility of rehabilitating existing space.

On the condition that:

1. Alta Bates would by September 30, 1980:

A. Deed to the City or otherwise legally dedicate to permanent public recreational use the Health Testing Center site and the Doctors' Emergency Parking Lot and commit funds for appropriate landscaping.

B. Approve the full closure of the three diverters surrounding the hospital, initiating street vacation procedures with Huntmont owners to extend a park strip across Webster between the Huntmont and the Health Testing site the width of the two properties and committing funds to landscape the diverters at Regent and So. Hosp. Dr., Dana at Webster, and Colby at So. Hospital Dr. Approve the closure of Bateman Street to through traffic.

Continued

C. Demonstrate the good faith intention to meet the December 31, 1981 demolition deadline by withdrawing notices of intent to add programs or facilities or expand existing ones (e.g., high risk obstetrics, new surgeries, HMO development loan request).

Approved by BNA steering committee
August 16, 1980

Corrected copy dated September 4, 1980

NEIGHBORHOOD OPEN SPACE PROPOSAL

In October 1977, at the initiative of the Alta Bates Hospital/Neighborhood Planning Committee, Sanford Hirshen and Murray Silverstein were engaged by the hospital to study the hospital's impact on the neighborhoods and to recommend courses of action to resolve these impacts. Their report, entitled "Toward A Community Plan," was presented in June 1978.

The report concluded that "in this present (emphasis in original, here and in all quotes) form the Alta Bates medical community is generating a number of problems within the neighborhoods." It identified three "major forms of negative environmental impact"--parking, open space, and noise, and two "relatively minor forms of impact"--traffic and trash collection. The report recommended "that the hospital take immediate action to solve these problems."

The report also stated that "(4) until the current forms of impact are solved, we propose a limit on Hospital growth of 120,000 outpatient visits/years." The report recommended further "that the Hospital/medical community not undertake any changes in program or physical plant, other than the nature and scale of those changes described in (4) above, until the current forms of neighborhood impact are resolved."

Since 1978, the hospital has initiated certain actions (a BART shuttle, car pooling, landscaping, etc.) in each of the five areas of impact, aimed toward mitigating their adverse effect. Major impacts remain unresolved, however. Of these, the issue of open space has recently become prominent because of the hospital's unveiling of its long range (1980-2000) development plan.

This plan assumes a waiver by the City of Berkeley of the requirement made in 1971 as a condition of a use permit variance permitting construction of the 1975 building. That requirement mandates the demolition of the 1928 building by five years after the completion of the 1975 building, or March 8, 1981.

The use permit variance did not envision added construction and it was then assumed that the programs in the 1928 building would be absorbed in the new 1975 building and other existing buildings. The hospital's present proposal calls for using the 1928 building until 1985, by which time it would have another building constructed. After the 1928 building were finally vacated, yet another building would be built upon its site. This added construction, and its impact, was not considered by the Hirshen-Silverstein report.

As part of the mitigation of the environmental impact of the then-existing facility, the Hirshen-Silverstein report calls for the creation of several mini-parks. Among these are one on the site of the present doctor's emergency parking lot at South Hospital Drive and Colby, and another on the site of the temporary building housing the East Bay Testing Center, at Regent and Webster. Both of these areas have been incorporated by the hospital into its long range development plan. The Hirshen-Silverstein report, however, cited these mini-parks as immediate needs based upon their 1978 study.

From the standpoint of the neighborhoods, it is inappropriate to consider decisions about future construction at this time, when major immediate impacts identified in the 1978 study are not yet resolved. While it is safe to assume that the neighborhoods will at any time have reservations concerning future construction, it is undeniable that a much better basis of discussion of mutual interest on any issues will have been provided when the essential recommendations of the 1978 study have, in a spirit of good faith, been completed.

The hospital/neighborhood joint planning committee has been meeting, with varying frequency, since 1975. So far, this committee has not developed into the strengthened form called for by the Hirshen-Silverstein report, which "institutionalize the planning and decision-making process at the neighborhood/Alta Bates medical community level" and "define a program of immediate action aimed at relieving current forms of medical community/neighborhood impact." Recently, as the demolition

deadline approaches, meetings have become more frequent, and focused. With the March 8 deadline now just four months away, time is becoming critical.

In the absence of any agreement, the neighborhoods will insist that the City enforce the March 8 deadline for demolition. In order, however, to provide more time to create the possibility of further discussion and potential agreement, the neighborhoods have expressed their willingness to support the hospital in requesting a postponement of demolition until December 31, 1980, on the following conditions:

1. The Hospital approve the full closure of the diverters at Webster at Bateman, Regent at South Hospital Drive, Colby at South Hospital Drive, and Dana at Webster, provide funds for appropriate landscaping, support the clture of Bateman to through traffic if requested, and initiate with Huntmont owners and the City street vacation procedures to extend a park strip across Webster between the Huntmont and Health Testing sites.

2. The Hospital deed to the City or otherwise legally dedicate to permanent public recreational use the Health Testing Center site and the Doctor's Emergency Parking Lot and commit funds for appropriate development.

3. The hospital will proceed with the orderly transfer of existing programs from the 1928 building to meet the extended demolition deadline of December 31, 1980. Until then, the hospital will limit new or expanded programs on its main campus to those that can be accomodated within the existing buildings, excluding the 1928 building. Demolition shall not be contingent upon new construction on the main campus.

Condition 2. The variance is necessary for the preservation and enjoyment of substantial property rights of the applicant.

This condition is not an issue in these proceedings. Alta Bates agreed in 1971 that the hospital would enjoy substantial and adequate use of its property by securing Board approval for their \$17 million north wing to replace the 1928 building.

Condition 3. Granting of the Variance must not "materially affect adversely the health or safety of persons residing or working in the neighborhood," must not be "materially detrimental to the public welfare or injurious to property or improvements in said neighborhood" and "must promote the municipal, health, welfare, and safety, and benefit the city as a whole."

and Condition 1, required for granting of a use permit:

Condition 1. Establishment, maintenance, or operation of the use or building applied for will not, under the circumstances of this particular case, be detrimental to the health, safety, peace, morals, comfort, and general welfare of persons residing or working in the neighborhood of such proposed use or be detrimental or injurious to property and improvements in the neighborhood or to the general welfare of the city as a whole.

Prolonging the use of the seismically dangerous 1928 building for three to five years as requested by the hospital "adversely affects the health and safety of persons working and living in the neighborhood and threatens the health and safety of the City as a whole. The hospital's own consultants quoted in Alta Bates' White Paper submitted to the Board prior to the January 19 hearing described the building as a "poor to very poor" performer and a

"collapsible hazard" in the event of an earthquake of the magnitude of 6.5 Richter [page 4]. This was interpreted as causing "significant or total collapse" and posing a "high life hazard [page 93]." The odds of a 6.5 earthquake occurring on the Hayward Fault in the next five years are "5 percent"--or one in 20--according to Alta Bates' own geological consultants [page 18]. Risk increases to 8 percent or one in 12, by 1990 [page 18].

Not only does this pose a lethal hazard to workers and users of the building. It also puts the community at risk of losing the services the building houses and having the functions of the rest of the hospital complex disrupted, just when the community most needs a hospital.

What constitutes an acceptable risk is in part an individual judgment. "However, most professionals in the field of risk assessment would agree that a catastrophic risk level of one in 10,000 per year spread over the life of a building is excessively high risk since it results in a one-in-100 chance that the structure built to last 100 years will collapse sometime during that time ($100/10,000 = 1/100$) [Ely, R. 1981]. According to Ely, one in 100,000 is closer to the maximum acceptable annual risk for a critical structure, such as a hospital.

Alta Bates is willing to subject its doctors, staff, and outpatients--and the 1928 building services it claims are so crucial--to a lethal risk more than 1,000 times greater than the standard acceptable risk for hospitals and schools for up to five years. The hospital does not propose to bring the building up to code during this time because it is "costly from a renovation viewpoint [page 18]" and patients and offices would have to be relocated during the renovations. If Alta Bates is truly concerned about preserving these services in the community, the hospital should act now to

relocate them in the modern 1975 building or in new medical offices across the street, down the block, or on Telegraph Avenue.

The City should not be granting a variance to extend the time during which this building will threaten the lives of patients and staff.

The proposed major construction and program exansion will compound impact of past hospital growth that severely disrupted the peace, safety, comfort and general welfare of people living and working in the neighborhoods and will further injure property and improvements in the neighborhoods and adversely affect the welfare of the city as a whole.

South Berkeley neighborhoods suffer from severe impact of past hospital growth. Sanford Hirshen and Murray Silverstein studied the hospital's impact on the neighborhood and recommended actions to alleviate the impacts in Toward A Community Plan [June 1978]. The report concludes that "in its present form [emphasis in original], the Alta Bates medical community is generating a number of problems [page 1]."

The study documented severe parking problems, heavy traffic, noise, and overwhelming visual imbalance. The authors concluded that the hospital was largely responsible for these problems [page 2] and proposed street closures, traffic diversion, landscaping on and off hospital property, a permit parking system, alternative transportation methods, and the redesign of hospital equipment and buildings for noise control.

They urged "that the Hospital take immediate action to solve these problems [page 2]."

They sketched an extensive park and open space system surrounding the hospital to buffer residents from the sight, sound, and traffic of the institution and provide recreational space where none exists. They further

recommended a ceiling on hospital program or physical growth until the strategies for dealing with the current impact were in place and proved effective. [page 3] These recommendations were a response to the impact of past growth, and did not speak to a proposal for new construction and program expansion.

The report described 44 discrete impacts across five categories. Central to/recommendations was the concept of a buffer zone. This buffer zone would utilize street closures, recreational and open space, and landscaping for traffic control and visual and aural relief from the overwhelming industrial scale of the hospital. Alta Bates was described as appearing as out of place in a residential neighborhood as "an ocean liner in a quaint old port" by architectural critic, Allan Temko [SF Chronicle, Dec. 5, 1977].

Hospital action on mitigation measures has been slow and partial. Hospital efforts have focused on the individual elements of noise control in plant (boiler room baffling installed, humidifier repaired, etc.) and outside--for example, street sweeper hours changed, trash pick up rescheduled. An annoying industrial hum still emanates from the complex on Regent and Webster Streets. Some \$15,000 was budgeted for landscaping in contrast to the \$200,000 landscaping plan proposed by Hirshen and Silverstein. Recent hospital efforts to encourage carpooling and BART shuttle rides for employees and stack parking in the garage resulted in claimed removal of 200 cars over the three shifts--just half the number recommended for removal by the consultants. These efforts pale when matched against more than one-half million trips to the hospital generated by Alta Bates in 1980.

Total Trips per Year Generated by the Hospital Exceed One-half Million.

On several occasions the hospital has committed itself to not exceeding 120,000 outpatient trips per year. The number of outpatients that travel to the Hospital each year, is not as important as the number of total trips generated. Employees alone generate over three times the number of trips (323,000 per year) that outpatients make (95,000 per year). Another way of looking at the 120,000 outpatient-trip-pseudo-constraint that the hospital is willing to accept, is to consider that the hospital is currently generating about one-half million trips to the hospital per year--and this is a conservative estimate [see table 2].

Table 2

TRIPS GENERATED BY ALTA BATES CURRENT OPERATION*

Full- or part-time employees	323,025**
Inpatients in 1980	14,000
Outpatients in 1980	95,000
Inpatient visitors (two per inpatient per stay)	29,000
	432,525

*Not counting seminar participants, lecture luncheons, hall of health visitors. Also not counting service, delivery, and emergency vehicles.

**Employees (full or part-time) 1,800 or @ 885 in 24-hour period
 $x 365 = 323,025$

Source: Alta Bates Public Relations Department

To calculate the traffic impact of these trips, multiply by 2 (coming to and going from the hospital), or 865,050 vehicle trips in and out of the neighborhood. Even after multiplying by 75 percent (the hospital's optimistically low estimate of workers and users arriving by auto) the figure is 648,787--well over a half million cars per year.

How many more trips will the hospital and its ever expanding programs generate over the next twenty to fifty years? Why haven't we seen these figures? What levels of peak period congestion will be caused at Telegraph and Ashby? What about College and Ashby? Will the hospital require a new major entrance? What will the cost of all this be to the city?

The hospital has misstated the findings of the Hirshen-Silverstein as supporting continued use of the 1928 building in trade off for other open space. The consultants studied hospital impact as of 1978, using as a baseline the then current level of hospital operations, which included functions then housed in the 1928 building. At that time, the hospital's 6th floor of the Ashby wing had empty shelled-in space. Including impacts from 1928 building activity did not constitute a recommendation that such activities be continued any more than acknowledging the empty sixth floor at that time constituted a recommendation that it never be filled.

Far from being a "basic assumption" of the Hirshen-Silverstein report, as claimed by the hospital on page 3 of the White Paper, the consultants attention to the subject of trade off is contained in two brief references:

In order to meet the City's coverage requirements, the Hospital proposes to 'trade' an equivalent amount of open space beyond the central block for neighborhood park purposes. See part 1, section 2, recommendation 2A. [page 93, Hirshen-Silverstein, 1978].

Here is recommendation 2A:

This particular space [corner of Prince and Regent] is outside the transitional zone described above. It, therefore, would seem an ideal candidate for future 'open space substitution' if Alta Bates tries to negotiate its land coverage requirement with the City of Berkeley. [page 52]

JACOBSON • SILVERSTEIN • WINSLOW
ARCHITECTS

3106 SHATTUCK AVENUE
BERKELEY, CALIFORNIA 94705
(415) 848-8861

March 12, 1981

Mr. Robert Montgomery
Executive Director
Alta Bates Hospital
3001 Colby Street
Berkeley, Ca. 94705

Dear Bob,

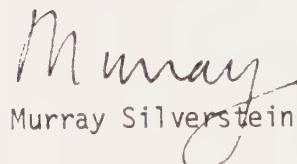
I have been meaning to write to you to clarify a statement that was contained in the material that the Hospital put together for the January Board of Adjustment/Planning Commission workshop meeting. On page 3 of the report that I reviewed, item #3, you state: "One of the basic premises of the Hirshen-Silverstein report...was that the hospital would be permitted continued use of the 1928 Building as a trade-off for the mitigating measures, including the provision of alternate open space that would better serve the needs of the community than would vacating the 1928 Building site." (Your underlines.)

I certainly agree that neighborhood support for the use of the 1928 Building was discussed as a trade-off for alternate open space that would better serve the neighborhood. However, this trade-off was simply mentioned in our report as one of many possible ways that an open space plan could be worked out. It was by no means a "basic premise" of the report. It is not mentioned in the Summary of Recommendations; nor is it specifically mentioned in Part I, Section 2 "Open Space". In Part II, Section 3 "Alta Bates' Building Contingencies" it is mentioned on page 93 as a proposal that has been made by the Hospital to meet City coverage requirements.

The thrust of our report was to identify and quantify existing neighborhood impacts and to suggest strategies for their alleviation (Part I of the report); to review Hospital master plans and proposals for future growth in light of these impacts (Part II); and to propose a course of action for the joint committee (Part III). In none of this was the idea of the 1928 Building/open space trade-off mentioned as a basic premise of our work.

I have discussed this with Sandy Hirshen and he is in essential agreement with me on this matter. I hope you will review your statements and our report, and make the necessary clarifications.

Yours sincerely,


Murray Silverstein

Alta Bates Has Distributed Misleading Documentation on Impacts

After completion of the Hirshen-Silverstein report, Alta Bates released their own study of traffic and parking and hospital impact ["Neighborhood Survey, February 24 & 25"]. The survey reported that the neighborhood was impacting itself. Neighborhood representatives protested that the survey was ill conceived, inaccurate, and misleading. After independent review by the Survey Research Center at Berkeley, the hospital retracted their findings in the Alta Bates Neighborhood Newsletter.

Hospital expansion proceeded during the impact study (in secret until the state published in the Berkeley Gazette the hospital's Notice of Intent to add hemo-dialysis stations, additional surgeries, and expand angiograph lab). Then the hospital made public its list of 32 projects to recruit staff, purchase equipment, and expand or add new programs. [Alta Bates Hospital Objectives (Abbreviated) Statement of Purpose & Goals, '77-'78] The hospital has pursued this course of expansion to the present (Table 3), over strong neighborhood objections and contrary to the consultants' recommendation that the hospital act to resolve the impacts at once and consider no new expansion until they are completed.

Present and future impacts are not addressed. The major recommendations of the consultants deal with the open-space buffer zone and street closures and parking mitigation. The hospital has not adequately addressed them. Yet now in the LRDP, the hospital proposes \$43 million worth of construction over the next ten to fifteen years. AB has tied action on two crucial measures--street closures and open space--to approval of the LRDP. Years of heavy

Criticism of NOI Filing by Alta Bates
From Neighborhoods

Berkeley Gazette
March 3, 1978

Guest column

Expansion at Alta Bates criticized

By GEORGE W. CRAPO

President, Bateman Neighborhood Assn. Inc.

Alta Bates Hospital's expansion IS proceeding, contrary to the impression created in the Berkeley Gazette's front-page story of Feb. 7, 1978.

As you may recall, in the midst of a study of institutional impact conducted jointly with the four surrounding neighborhoods (Bateman, CENA, Willard and Fairview Park) Alta Bates quietly filed Notices of Intent (NOI's) with the state to add two operating rooms, double their hemodialysis capacity, and expand diagnostic laboratory facilities.

RESIDENTS LEARNED of this action from the Gazette of Dec. 9, 1977, three days after a joint meeting with Alta Bates' administrator, Robert Montgomery, who made no mention of this. With this action, the hospital has usurped the role of the impact study consultants and has severely undermined the credibility of the joint planning effort in the eyes of the residents.

Representatives of the four neighborhoods urged the hospital, as a gesture of good faith, to withdraw its Notices of Intent on these three projects of potential major impact and to defer submitting others until the joint study consultants could evaluate their impact. On Feb. 6, 1978, Robert Montgomery announced the hospital's refusal to withdraw the NOI's for the three expansion projects mentioned and stated that it would file NOI's for two additional projects as well.

The Alta Bates' trustees announced that they would time formal application for two of the projects to coincide with the completion of the joint study. Formal application is the second step in the state's Certificate of Need process for hospital expansion. This is hardly a "freeze" or halt to expansion.

WE ARE DEEPLY concerned that the clock is still running on the expansion process, which reduces the

joint impact study to little more than window dressing for the hospital's empire building.

We are also concerned that Alta Bates has circumvented the city's proper zoning authority on physical expansion by leapfrogging hospital programs to the Huntmont Medical Building, while space in the hospital's new \$17 million wing is still vacant. A major reason offered by Alta Bates' official, Robert Montgomery, for refusing to delay hemodialysis expansion was that the hospital had already promised Alta Bates physicians and Huntmont real estate interests that the hospital would fill the medical office space.

Mr. Montgomery also pointed out, on Feb. 3, 1978, that Alta Bates has no intention of complying with the condition of its use permit that requires tearing down the 1928 building because "the \$8 to \$10 million it would cost would be just too expensive." Yet the three projects on which the hospital has filed NOI's total \$945,000. And the hospital contemplates adding some 20 more additional projects over the next 18-plus months.

CLEARLY, PLANNING is going on; but it's taking place behind closed doors away from scrutiny of the surrounding community, the city, and even the Health Systems Agency.

We are asking the city to reaffirm its role in the planning process and to control inappropriate and disruptive institutional growth by:

1. Prohibiting hospital de facto physical expansion into the Huntmont building,
2. Requiring the hospital to submit monthly reports, beginning immediately, on steps taken to comply with the use permit condition requiring razing of the 1928 building, and
3. Opening to public hearing all Alta Bates' requests for program expansion and physical expansion.

Table 3

Some Statistics about Alta Bates's recent Expansion

Alta Bates is an expanding hospital. Using publically reported figures, from 1974 to 1979, acute care patient days increased 50%. Over a shorter period (1976-79) Emergency visits, increased 80%. Increases in specific areas (such as obstetrics)¹ may reflect a decrease in services available elsewhere. But the general expansion in acute care that has occurred has been in the face of a decrease or stable situation at other comparable hospitals. Thus Alta Bates is a successful competitor in the hospital business; it is not simply taking up the slack as other hospitals abandon important care areas. The figures below summarize expansion of Alta Bates, and changes in other local hospitals, and we will argue that they suggest that if further expansion is to be controlled, the control will have to be imposed as a change in Alta Bates's policy.

Table 1. Selected health care services for several East Bay Hospitals 1974-1979 (California Annual Report of Hospitals)

Hospital	beds ¹	pt. ² days	% ³ inc.	% ⁴ MCare	% ⁴ MCal	% ⁵ occup.	E.R. visits	%ER ⁶ inc.	% ⁷ clin.	% ⁸ R & T
Alta Bates	317	94,072	+50	39	18	81	24,000	+80	-66	0.2
Merritt	346	98,208	+1	43	13	74	23,611	-70	-	4.4
Herrick	147	37,622	-13	48	25	72	28,000	-15	+8	3.5
Highland	213	45,864	-24	52	21	59	54,429	-9	-6	6.4

1 Set up and staffed beds

3 Increase in % from acute days in 1974

2 Acute care patient days 1979

4 %gross revenues for Medicare (MCare) and MediCal (MCal) patients

5 % occupancy rate of beds in column 1

6 % increase in ER visits from 1974

7 % increase in visits to clinics from 1976 to 1978

8 % of total operating expenses used for education and research.

Comments

(1) Alta Bates has expanded in several areas at a time when other hospitals have experienced declines. Total services in the HSA area remained roughly constant.

(2) Alta Bates expansion competes (in ER and acute care), it does not simply satisfy needs produced by lack of care elsewhere.

(3) Alta Bates appears to spend proportionately less money for research and teaching.

(4) It seems reasonable to assume that Alta Bates will continue to expand as long as incentives (markets) exist unless some changes in plans coming from an outside agency (neighborhood, city) are incorporated.

Alan Steinbach
BNA 1/12/81

construction will severely disrupt life as excavation, pile driving, jack
and
hammers, cement trucks,/construction crews choke residential and arterial
streets alike. As the March deadline approached, Hospital estimates of
construction duration become more modest--four to seven years in July 1980,
and four years in October 1980, and currently three, one-year periods.

The green strip in the LRDP is smaller than that proposed by Hirshen
and Silverstein and yet it must buffer more impact. The new building proposed
by the hospital is built on the most significant portion of the open space
buffer zone, the area which at one time was the quiet section of the
neighborhood, and which is the very heart of the Bateman neighborhood. The
hospital's green strip buffers nothing at all, and offers no solution to the
problem of different scales of development.

The hospital confidently asserts that it will mitigate these impacts as
well as those from operation of the programs housed in the two three- to
six-story buildings although it does not say which programs will be housed
there. We have had the benefit of a long sobering look at the hospital's
past performance in this regard, and we are skeptical. Especially troubling
is the hedging language in the hospital's commitment to ease the trauma of
construction [page 130 of the White Paper]:

use of carpools & bus for construction workers "encouraged"

special measure to fence off construction area [which doesn't
protect against noise and pollution]...

schedule delivery to construction site on off-peak hours if possible

scheduling deliveries at night where possible to avoid inconveniencing
construction traffic [what about neighborhood traffic?]

"explore the possibility" of installing needle valve injection to
avoid pollution

"consideration given" to requiring heavy equipment to water spray loads.

Alta Bates Expansion Means Expansion of the Medical Community

Alta Bates is only part of a large medical complex in the Telegraph and Ashby vicinity. Any expansion that Alta Bates undertakes will have secondary growth impacts on other medical services in the area. The extent of the total anticipated growth and the total projected environmental impacts have not been adequately addressed. The hospital's own impacts must be added to the ripple effects that its expansion will have on other medical facilities and services.

The Proposed Open Space is Pitifully Inadequate

The open space buffer zone proposed in trade for this major expansion just about equals that recommended by Hirshen and Silverstein to help mitigate the current impact. What could be a significant amenity for the neighborhood if the hospital grew no larger would be reduced to little more than a window box if the hospital grew to six stories of concrete up to the sidewalks.

The Loss of Any Housing to the Neighborhood is Unacceptable

In 1979, the city downzoned property around Alta Bates to limit medical encroachment, and thus preserve the residential quality of the Bateman and surrounding neighborhoods. The current Alta Bates proposal flies in the face of this effort. Not only are we dealing with significant, even monumental expansion, but new development proposes to create open space to reduce its lot coverage by removing residential structures from the neighborhood. In six of these structures there are ten dwelling units.

In the seventh, which is a boarding house, there are fourteen people who could be displaced.

Berkeley's greatest resources are its people and its housing. Once dwellings are removed from the housing stock and the use of the land changes, the character of the city and its neighborhoods also begins to change. Does the city want to begin changing the residential nature of the neighborhoods around Alta Bates when the trend over the next twenty to fifty years will be toward living in areas with precisely the transportation accessibility, housing stock, and spirit of neighborhood?

Approval of the more intensive use of the hospital's Cobly-Regent site
(either by retaining use of the 1928 building or its second replacement in the
Long-Range Development Plan) conflicts with Berkeley Master Plan policy 1.17
". . . discouraging further expansion of medical uses east of Telegraph
Avenue."

Policy 1.17

Encourage the revitalization of Ashby Avenue with medium low density residential uses between College and San Pablo Avenue by refurbishing the street and other public lands and discouraging further expansion of medical uses east of Telegraph Avenue.

[City of Berkeley Master Plan Adopted 1977, page 16]

The hospital administration has knowingly circulated false information
claiming that the "sick people will be evicted" if the hospital is held to
its promise to remove the 1928 building, to pressure the City, defame its
critics, and cover up its own irresponsibility.

After distribution to every Berkeley household of "Evict the Sick?" pamphlet, by the hospital's public relations department, Alta Bates President Robert Montgomery admitted before the Board's January 19 workshop that "no

patients are housed in the 1928 building." Rather, it houses "doctors' offices, for the most part." The hospital is deliberately confusing inconvenience to doctors, who would temporarily lose free office space, with injury to patients. The fact is, no service located in the 1928 building would be lost to the community if the building were to be removed. Every service is provided in at least one other East Bay location with the exception of pituitary tumor treatment program and adult sickle cell, which have waiting rooms and examining rooms in the '28 building. These could easily be relocated in the hospital's new Ashby wing.

APPENDIX A*

NEIGHBORHOOD PLANNING PRINCIPLES
ROUGH DRAFT: FOR DISCUSSION ONLY

The following notes are a first rough draft of the planning principles for the neighborhoods. To make these notes as specific as possible, we have included the complaints that have been made by residents at the three neighborhood meetings that we have held to date.

We would like to establish some agreement on the "sense" of these notes before we refine them, and make them more specific. Once we reach agreement on neighborhood planning principles, we can use them as criteria for evaluating hospital/neighborhood proposals.

1. IDENTITY OF NEIGHBORHOODS

A. Neighborhoods need physical definition; they must be recognizable as residential areas with boundaries and "centers" and with appropriate transitions between them and other neighborhoods or work communities.

1. Bateman Neighborhood Association (BNA): Complaints concerning the abrupt and visually overpowering scale of the Hospital as a neighborhood boundary.

B. The identity of a neighborhood is enhanced if it has a strong sense of "entrance" at several points along the boundary, and these points are functionally meaningful to the residents of the neighborhood.

C. Social interaction within the boundaries of the neighborhood Residential areas that are known as "good neighborhoods" seem to have relatively dense friendship/acquaintance nets within them. Typically, a resident will have 2-3 friends and half a dozen acquaintances within a neighborhood.

*Hirshen & Silverstein, Toward A Community Plan, June 1978.

D. Uniqueness of a neighborhood: Neighborhoods often develop shared images of themselves; sometimes purely circumstantial, e.g. "the neighborhood beside Alta Bates," but these images should be taken as positive forces, and used to develop the unique character of the neighborhood.

2. TRAFFIC AND ROADS

A. Neighborhoods cannot cope with fast traffic and heavy traffic cutting through them. Possible threshold figures: Speed - 20 MPH; Vehicles/peak hour - 100; Average daily flow - 1000.

1. Fairview Neighborhood Association (FNA) and BNA: Complaints about traffic cutting through neighborhoods at high speeds (30-35 mph); cars ignoring barriers during peak hours; cars cruising for parking places throughout the neighborhood.

B. Neighborhoods with strong definitions tend to be characterized by streets patterns that are made of looped local roads, T-junctions, barriers -- no fast through traffic except at edge.

C. Neighborhood air is free of fumes, dust, etc., by standard measures of air pollution.

D. Accidents (car-pedestrian) per annum within the neighborhood should be well under 1.

E. Roads properly maintained.

1. BNA: Potholes along Prince Street attributed to excessive traffic loads generated by the Hospital.

3. PARKING

A. Residents must be able to expect convenient on-street parking for two cars in front of their homes and slightly less convenient parking for their guests. (Assumes that the neighborhood is predominantly single family detached homes.)

1. Willard Park Neighborhood Association (WPNA) and FNA and BNA: Complaints concerning on-street parking throughout the neighborhoods, coupled with complaints that certain parking areas (e.g. lot on Ashby between Hillegass and Regent) appear vastly underused.

2. BNA, FNA: Complaints about parking with respect to Hospital work shifts; e.g. the neighborhoods must accomodate parking at three peak periods as shifts change (see also #6 below).

B. Parking by "outsiders" to the neighborhood must not overwhelm the feeling of the street as safe common land, where children can cross and occasionally play without undue danger.

4. HOUSEHOLD MIX

A. Housing stock: Prevent deterioration of housing stock.

B. Housing mix: The housing stock of a neighborhood should be balanced to support the complete life cycle. Impacts on the neighborhood which tend to drive out people at critical life cycle stages (e.g. old people, families with young children) tend to destroy the social fabric of the neighborhood.

C. Housing values: The integrity of a neighborhood is destroyed if nearby land use changes tend to disproportionately inflate or depress housing values.

5. OPEN SPACE

A. Neighborhood system of open space, from yards and private areas to small parks, squares and greens: Neighborhoods need public open space, stamped with the character of the neighborhood, within 3-5 minute walk of the majority of the houses. Open spaces that are further away than this never become neighborhood open spaces. Continuity of "territory" important.

B. Importat common open spaces must be situated so that they are sunny at the right times of the day and year; not shaded by adjacent buildings.

C. Existing vistas within the neighborhoods open space system must be protected.

6. NOISE

A. Busy/quiet dimension from noisier and more active edge, to quieter center, is typical for neighborhoods, and people tend to select places for themselves along this dimension which correspond to extrovert/introvert measures.

1. BNA: General complaint that south edge of Hospital penetrated the quiet center of the old neighborhood, and located its noisiest functions there: e.g. laundry, mechanical yard, trash compactor and trash collection, emergency entrance.

2. BNA: Complaints about early morning street sweeping machines; noise of cars and employees during shift changes: at approximately 7 a.m., 3 p.m. and 11 p.m.

B. Threshold criterion for traffic noise within neighborhoods: 5% of time above 65 decibels, as measured from the sidewalk.

7. PEDESTRIANS AND BIKES

A. Good neighborhoods support dense walking and biking patterns, as measured by richness of resident's cognitive maps of the area. The system of paths must be continuous, feel safe, and be oriented toward the obvious goals: shops, open space, etc.

1. BNA: Pedestrian hazard created by Hospital sign on Ashby -- left-turning cars are not visible.

8. WASTE COLLECTION

A. Residents along the edge of the neighborhood must be assured that Hospital functions will not generate garbage collection problems out of character for a residential environment.

1. BNA: Complaints concerning garbage disposal along South Hospital Drive; disposal area in Emergency Parking Lot draining to the street; complaints concerning storage and collection of waste from Huntmont Building.

9. RELATIONSHIP TO SERVICES

A. Relationship to commercial center oriented to neighborhood needs; proximity of services.

10. NEIGHBORHOOD POLITICAL STRUCTURES

A. Neighborhood Associations must have representation in decision making structures that effect these planning principles.

ALTA Bates HOSPITAL

WEBSTER AND COLBY • BERKELEY • CALIFORNIA 94705

A NON-PROFIT
HEALTH CENTER

• • (415) 845-7110 •

Q/HB
October 7, 1975

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THOMAS H. WINBURN
MRS. IAN S. WISHART

Ms. Julie Pesonen, Chairperson
 Open Space Committee
 Bateman Neighborhood Association
 Berkeley, California 94705

Dear Ms. Pesonen:

Thank you for your excellent presentation to the Board of Trustees regarding the establishment of a park on Hospital open space property in return for our future use of our 1928 building site for future Hospital development. Following your presentation, we asked the Hospital's Board and Administrative representatives on our Joint Hospital-Neighborhood Committee to study your proposal with the Hospital's Construction Committee. Before summarizing the report of this group, I think it is important to highlight a few points:

Alta Bates Hospital is a nonprofit health center serving people who live in Berkeley and the neighboring cities of El Cerrito, Albany, Emeryville, Oakland, Orinda and Moraga. Each year it serves 11,000 people on an inpatient basis and 90,000 on an outpatient and emergency basis. The vast majority of these people live in Berkeley and cities contiguous to it. More than 175 students per year receive clinical training at the Hospital. A wide range of patient care, education, and charitable services are provided. Any excess of revenue over expenses is used for patient care and educational programs. Thousands and thousands of people who live in our service area have contributed financially and with volunteer hours to help make Alta Bates a valuable community resource.

The Hospital's growth and development are the result of increased demands for health services and the necessity to meet code requirements of the State Department of Health, Education & Welfare and the Joint Commission on Accreditation of Hospitals. The pressure of health care economics, increased specialization, and scarcity of health manpower require the concentration of health resources to most effectively serve people at reasonable costs.

The Hospital desires and will work to establish good relations with its surrounding neighbors in solving traffic, parking, and open space issues. Toward this end, we have agreed to an effective way to signalize Ashby Avenue and provide turning lanes into the Hospital area. We supported the diverters to separate Hospital-related traffic from the residential neighborhoods. We have set up a Joint Hospital-Neighborhood Committee which meets monthly to resolve the issues of emergency access through diverters, parking problems, alternate means of transportation to and from the Hospital, and development of mutually agreeable plans for open space.

In helping to solve these issues, the Hospital must keep in mind that it has now and in the future the responsibility to serve as a health and educational resource for thousands and thousands of people who live in and beyond its adjacent neighborhood. In short, we must make decisions that we think, in balance, will be in the best interest of the majority of the people who live in our service area.

The Board of Trustees recognizes that a great deal of work by the Bateman Open Space Committee resulted in your proposed plan. In developing this plan, however, your Committee did not have the benefit of Hospital input until the last three or four months while working with Hospital representatives on our new Joint Committee. At these first few meetings, the Hospital representatives raised serious concerns regarding the proposed plan and explained to your representatives and the City that we had plans for the space which you proposed for park space. When you and your representatives refused to consider alternative plans until the Board of Trustees agreed to hear and respond to your proposal directly, the Administrative Staff made provisions for this. It is in this context that we asked our representatives and Construction Committee to study your proposal.

As a result of this review, we have reached the following opinions:

1. That it would be to both the Hospital's and the Neighborhood's advantage to find a parcel of land that would meet the requirements for a neighborhood park and serve to meet the Hospital's requirements for open space, thus allowing us to utilize land more effectively that is directly contiguous to our existing facilities.
2. That the Hospital is willing to consider participating with the City in the purchase of alternate property that will accomplish the above without demolishing existing homes.
3. That open space for park use should be easily accessible to adjacent neighborhoods and removed from heavy traffic areas such as Ashby Avenue and South Hospital Drive, which are receiving increased traffic as a result of the new diverter system.
4. Our specific objections to your proposed plan are similar to what we emphasized several months ago but are repeated here for further clarification:
 - a. When it was necessary for the Hospital to replace its nonconforming facilities to meet current State Codes, the City Planning Department requested that Hospital facilities be contained in the current R-3 zone and not impinge on the residential R-1 areas. The City wanted to assure the neighborhood residents that their residential zone was secure and that Hospital growth would be contained in the R-3 zone. The Hospital concurred in this planning philosophy and voluntarily developed its new facilities toward Ashby Avenue rather than south to Prince Street and closer to the residential area. We did this with the expectation that we could use our existing property with greater intensity rather than continuing to spread. Toward this end, the Hospital and its architects viewed the existing Hospital property to the south as a "land bank" for anticipated future Hospital use. Since the Hospital plans to keep its growth within the agreed-upon boundaries, yet plan effectively to meet the future health needs of the people in our service area for generations to come, we think our "land bank" must be retained and not used or restricted by a neighborhood park.

October 7, 1975
Page Three

- b. Within the next three to four years, the Hospital will need a modest expansion of its existing X-ray and Laboratory Departments. This is necessary because of the shift to more outpatient use of hospitals and continued specialization of X-ray and Laboratory technology. The growth of these two departments was anticipated; therefore, they were specifically designed and built to expand in the future to the south of the Hospital in the general area proposed by you for park use. Our architects explain that to reorient their direction at this time would be dysfunctional, inefficient, and prohibitively more costly for future patients.
- c. The proposed plans call for relocating South Hospital Drive nearer the Hospital; which would severely congest the traffic flow into and out of both the Hospital's Emergency Entrance and the parking lot of the Medical Office Building on Colby.
- d. It is our opinion that South Hospital Drive should be widened to effectively handle increased traffic caused by the new diverter system. This is the only circulation route in and around the Hospital and the Medical Office buildings. At present, this drive is only wide enough for one vehicle in each direction and allows no extra room for emergency vehicles, etc., in the event one lane is blocked. The building of a neighborhood park with its longest boundary next to this high-traffic area is unsafe, incompatible with existing and future use, and would prevent the future widening which we think is appropriate.
- e. The Hospital's total nonfluid waste disposal system terminates in the area proposed as park space. The Airflyte Trash Chute and Pulping System, garbage compactors, and dumpsters would all have to be relocated at great expense, to accommodate a park.
- f. The only area we have for emergency parking by physicians and patients is in the exact area where you propose the park. Now and for the next five years, we have no place to relocate this essential parking area.

For the above reasons, the Hospital's Board of Trustees must decline to allow a neighborhood park to be built on our land south of the Hospital. Moreover, we sincerely believe that there are other desirable alternative locations for park space.

We have authorized our Board and Administrative representatives to work with the City, you and other neighborhood representatives on the Joint Committee to explore other alternatives that are more suitable for park and open space use. We trust a cooperative effort by all concerned will result in an equitable solution.

Sincerely,



STEPHEN L. DAVENPORT
President, Board of Trustees

SLD:eb

APPENDIX B(2)

October 15, 1975

2431 Woolsey Street
Berkeley, 94705

Mr. Stephen L. Davenport, President
Board of Trustees
Alta Bates Hospital
Webster and Colby
Berkeley 94705

Dear Mr. Davenport:

Thank you for informing me and all the other residents of the Bateman neighborhood of the trustees' decision to reject the BNA Park Proposal. You have clearly conveyed the hospital's intention of expanding to the status of a regional medical center at the expense of the Bateman neighborhood. Two weeks before the hospital's new \$17 million north wing is dedicated, we learn from you that Alta Bates needs to be even bigger.

Five years ago, the hospital secured City approval, over neighborhood protests, to build the north wing. At that time the hospital administration promised the City Council to expand only north toward Ashby Avenue, as you explain in your letter, "to assure the neighborhood residents that their residential zone was secure."

Nevertheless, the trustees have denied us the park because the hospital plans to expand onto the proposed park site south of the hospital. While Alta Bates assured residents it would not expand south, you say that the hospital and its architects actually "viewed this same property as a 'land bank' for future use" and, "therefore, specifically designed and built our X-ray and laboratory departments to expand to the south." In spite of public assurances to the contrary, the hospital administration apparently views our neighborhood as simply part of its assets, to be liquidated whenever the hospital chooses to expand.

Your specific objections to the BNA plan are not convincing, except as rationalizations for a single-minded policy of expansion. First, the relocated South Hospital Drive, which you say would congest traffic around the hospital, has been approved by the City's Department of Public Works.

Second, claiming that diverters have increased traffic on South Hospital Drive next to the proposed park, you propose widening the road rather than building the park. The hospital first proposed this years before the diverters were installed. To widen the road, the hospital would have to condemn and demolish the nursing home just south of the road. This course of action was rejected by the courts as illegal use of the hospital's power of condemnation when it was first proposed. Also, South Hospital Drive is but a segment of the circulation around the hospital. Would not the widening of Colby be the next step, and then the widening of Regent? The solution to the heavy traffic near the hospital lies in better use of the hospital's parking garage, not in widening the road so that it can carry more cars past the park site.

Third, we are confident that if the hospital can afford to buy 22,000 square feet of open space for an alternative park site, as you propose, the hospital can afford to move its trash and garbage terminals across South Hospital Drive.

Finally, we suggest that the "essential emergency parking" should be moved from the park site south of the hospital to your largely empty garage right across from the hospital's emergency entrance.

Your latest promotional pamphlet concerning the new wing acknowledged that the greatest challenge facing a big hospital is to treat people "like human beings, not inanimate objects." We can testify that the current hospital administration has not met this challenge in dealing with the Bateman neighborhood.

The hospital has ignored the negative impact of medical expansion on this neighborhood. Alta Bates has torn down homes to build a parking lot that stands largely empty while hospital employees must park on congested neighborhood streets. And the hospital continues to ignore the order of the City Council and the Board of Zoning Adjustments by refusing to give hospital employees 100 of the unused parking spaces in the garage. The hospital has testified in opposition to the neighborhood-backed traffic control plan and has taken no steps to discourage its employees from violating the system by using the hospital's emergency parking lot as a through street.

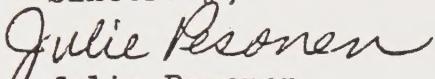
Alta Bates apparently has entered the "medical arms race" described in the SF Chronicle (9/16). For Alta Bates is listed among four east bay hospitals rushing to buy a \$1 million whole body scanner before the 1974 National Health Planning and Resources Development Act empowers health planning agencies to prevent wasteful duplication of expensive facilities. The tradition of personal health care of Miss Alta Bates is jeopardized when the economic interests of the institution are the principle guiding hospital decision making.

We first proposed the BNA park plan to the hospital eight months ago, in March. Perhaps you can explain why the BNA open space committee "did not have the benefit of hospital input" until August, when your representatives on the Hospital/Neighborhood Committee merely hinted that the hospital might have to expand its X-ray department to the south. We were not told the extent and shape of the planned construction because the architect's plans were "not finished" and the drawings were "unavailable." No such expansion was shown on the hospital's site plan on file with the City, and no application had been made for a new use permit. No mention was made of the \$1 million X-ray scanner the hospital had already ordered nor was it revealed that four other east bay hospitals had done the same.

Health care is too expensive and too important to all of us for the Board of Trustees of Alta Bates Hospital to make decisions without public scrutiny--from the City, from its immediate neighborhood, and, certainly, from the health planning agencies who represent our interests as tax payers and as consumers of health care.

If the hospital and the neighborhood are to work together on a park plan or on any other issue, the hospital's administration must broaden its view of this neighborhood, to see it as more than just real estate and to take seriously the concerns of the people who live here.

Sincerely,



Julie Pesonen

Vice President, Board of Directors

CC: Members of the Hospital/Neighborhood Committee,
Planning Commission,
Parks, Recreation, and Community Services Commission
City Council, and
Comprehensive Health Planning Council

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